Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 888/778-9440; 512/834-6612

RECIPROCAL APPLICATION FOR LEAD ABATEMENT SUPERVISOR CERTIFICATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY				
Date Rec'd: / / Amount \$ Budget #7C790-085 Remittance #				
A person must be certified by the department as a Leand child-occupied facilities in accordance with 25 Tapplication unless fee-exempt. Send a cashier's checomorefundable except as prescribed in §295.205(forears. Complete all blocks below (print or type on FEE EXEMPT - Check this box if you are submit certification for the execution of official government donot appear on the general distribution lists for advertise.	FAC §295.208. A ck or money order p (S, COMPANY (C)(2) and are due a (dy) and supply all thing this application as a luties only, as per §295.	certification fee ayable to "Texas CHECKS, OR nnually to conti- the required docu- federal, state, or loca	of \$150.00 must be of \$150.00 must be partment of CASH. Certinue certification umentation listeral government emplements.	st accompany this f Health - 7C790-fication fees are on for up to three d on this form. Oyee in order to obtain
Mr.				
Ms. Applicant Name (Last, First, M.I.)	 Social Secur	ity No	(<u>)</u> Telephone Numl	ner
**		<u>v</u>	· F	
Residence Address	City	County	State	Zip
Business Name or Organization Affiliation (if any	r)*	(Telephone Num	ber
Business or Organization Affiliation Address	City	County	State	Zip
*All businesses engaged in or offering to perform lead-bacertified as a Lead Firm by the department in accordance				
A copy of your Lead Abatement Supervisor certificate is along with the information listed below in order for the de Certification No State of Certification Contact information of certifying agency/program: Agency & Program Name Contact Phone No. ()		procal certification	1.	n your application
APPLICANT VER Correct, that I have read the Texas Environmental Lead Inpplication and accompanying documents and to the best correct, and will forward any changes to data in this application or decertification or misrepresentation in application or decertification.	Reduction Rules 25 T t of my knowledge an lication to the Texas I	AC §§295.201-220 d belief, all inform Department of He	 I declare that I action provided is alth within 30 da 	complete, true, and ys of that change. I
Signature of Applicant			Date	

^{*} The certification or license from another state must be from a state which has received United States Environmental Protection Agency authorization to administer and enforce a state certification and training program under Title IV of the Toxic Substance Control Act (TSCA).

IMPORTANT

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, ALL QUESTIONS ANSWERED, AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.

NOTE:

- , Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- , If your application is complete, allow a minimum of three weeks for processing your application.
- , In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules.